



600 Washington Street
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MANDATORY REPORT OF LEGAL BLINDNESS

The Massachusetts Commission for the Blind is required by law to maintain a register of the blind in the Commonwealth. Under Chapter 6 – Sec. 136 of the General Laws, institutions, physicians, oculists, and optometrists are required to report within 30 days all cases of legal blindness.

1. All cases where vision with correction is 20/200 or less in the better eye.
2. All cases regardless of visual acuity if the visual field is reduced to a radius of 10° or less.

PATIENT INFORMATION

Name _____ / /
First Middle Last Sex Social Security Number
Address _____ MA
Number & Street City/Town State Zip Code Telephone No.
Date of Birth ____ / ____ / ____ Age at Onset RE ____ LE ____ Race ____ Marital Status ____
Parent/Guardian (if applicable) _____
Name Telephone No.
Address (if different than patient) _____

VISUAL ACUITY WITH BEST CORRECTION

Use Snellen notations in recording vision (20/200, 5/200, etc.)

***FIELD OF VISION**

If restriction is indicated, record test results on reverse side of form.

R.E. _____
Distant vision with best correction
L.E. _____
Distant vision with best correction

CAUSE OF BLINDNESS

If injury, disease or poisoning indicate specific type.

Diagnosis R.E. _____
L.E. _____
Etiology R.E. _____
L.E. _____

Is there a secondary disability? If so, specify. _____ Diabetes? Yes No

Is low vision aid evaluation recommended? _____

PROGNOSIS _____

RECOMMENDATIONS/REMARKS _____

Date of examination ____ / ____ / ____

Signature and discipline of examiner

Date of report ____ / ____ / ____

Please print name of examiner

Check box if you would like to electronically send reports.

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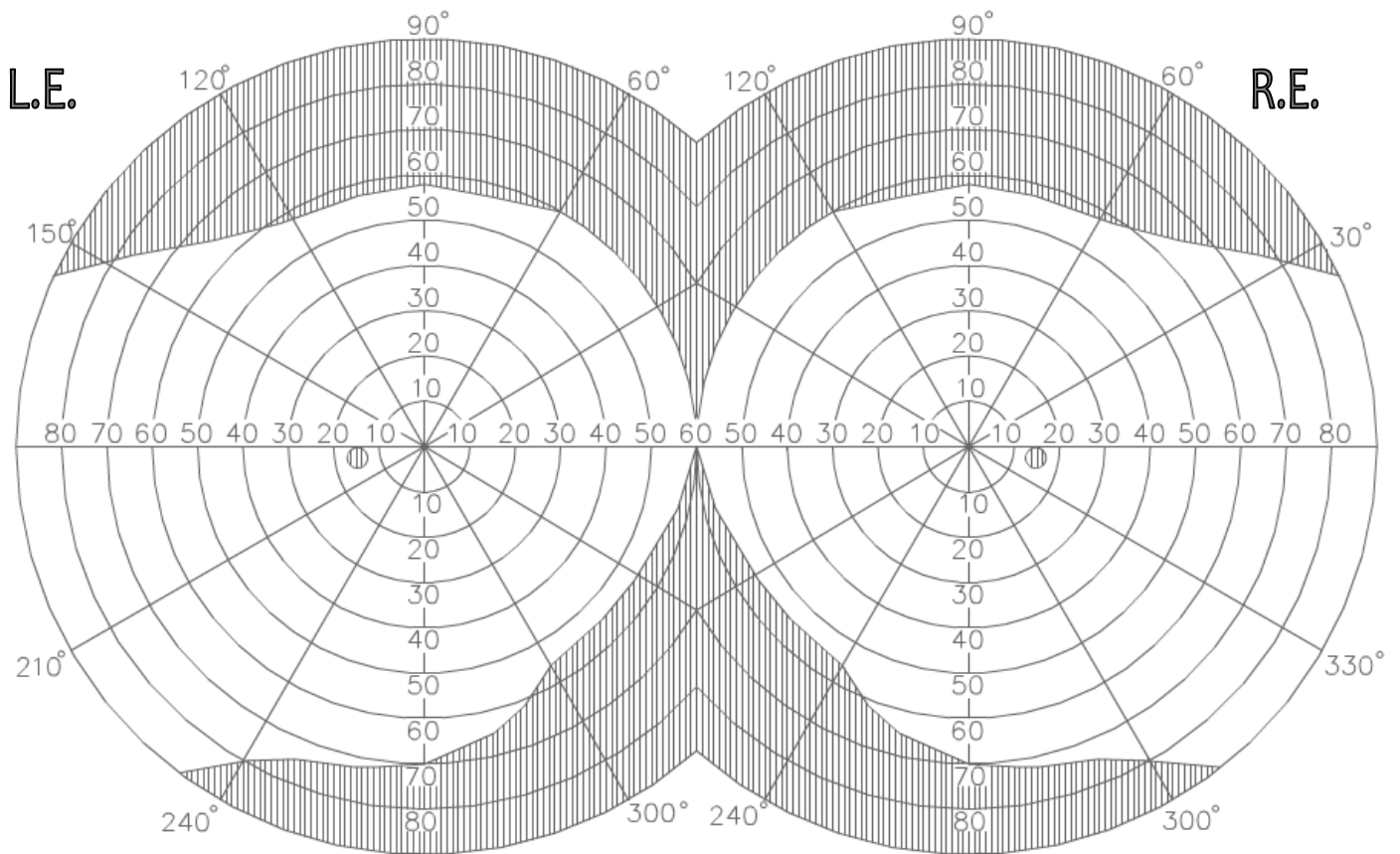
Email address (Optional)

Number & Street

***PLEASE TURN OVER FOR FIELD CHARTS**

FIELD OF VISION

Determine extent of peripheral visual field of each eye. Record results on chart below or attach automated visual field charts.



REMARKS: _____
